## State of Nevada Board of Psychological Examiners

4600 Kietzke Lane. Bldg B-116 • Reno, NV 89502 • 775-688-1268 nbop@govmail.nv.state.nv.us

## Certified Autism Behavior Interventionist Supervisor Qualification Form USE TYPEWRITER OR PRINT LEGIBLY IN INK

1.00 SUPERVISOR PERSONAL DATA  1.03 Last Name, First Name, Middle Initial		1.01 Date	1.02 Name of Certified Autism Behavior Interventionist (CABI)  1.05 Social Security #	
		1.04 Sex		
1.06 Home Address- Street	1.07 City	1.08 State	1.09 Zip	1.10 Phone ( )
1.11 Business Address- Street	1.12 City	1.13 State	1.14 Zip	1.15 Phone ( )
2.00 LICENSE INFORMATIO	N			
2.01 Nevada license #:		2.02 Date License Granted:		
2.03 BCAB Certification #:		2.04 Date Certified:		
3.00 DESCRIPTION OF QUALI	FYING SUPERVISION T	RAINING OR EXPERIENCE	C (see NAC 641.1563)	
affirm, under penalty of p ccurate and complete and raining and experience or	that I have not with!	neld, misrepresented, o		f my knowledge true, information relevant to my
Signature of Supervisor				 Date